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INDUSTRIAL MORBIDITY STATISTICS.

Continuation Report of the Committee on Industrial Morbidity Statistics, American Public Health Association, Section on Vital Statistics.

The following is the report of the committee on industrial morbidity statistics of the American Public Health Association, Section on Vital Statistics, for the year ended October, 1919:

This report is the work of the committee since its first report ¹ made to the annual meeting of the American Public Health Association, held in Chicago, October 14-17, 1918. It will be recalled that this committee was appointed as a result of a resolution adopted at the meeting of the American Public Health Association, Section on Vital Statistics, Washington, D. C., October 18, 1917, which directed the committee ¹ (a) to develop the minimum requirements for morbidity statistics into a system of standard morbidity records; (b) to prepare standard tables which would present the essential facts of sickness as they arise from the tabulation of the records referred to; and (c) if possible, to outline plans by which employers of labor might be interested to adopt the uniform methods recommended. The committee was organized to include the following groups: United States Public Health Service, statisticians interested in industrial morbidity, employment and welfare managers in industry, and organized labor.

The committee's first report, which was made after a number of meetings held during 1918, presented detailed plans for the recording of sickness and of personnel exposed to sickness in industrial plants; recommendations as to certain tabulations of sickness statistics; and a recommendation to the effect that the central agency or clearing house for the collection, analysis, and publication of industrial morbidity statistics should be the United States Public Health Service.

The committee felt that its most important work in 1919 would be the consideration of the question of the classification of occupations, diseases, and conditions, to be used in the tabulation of the statistics which had been already planned. It was noted in its first

¹ Industrial Morbidity Statistics: Report of Committee on Industrial Morbidity Statistics, American Public Health Association, Section on Vital Statistics. Presented at the annual meeting held in Chicago, Oct. 14-17, 1918; Reprint No. 484 from the Public Health Reports, Aug. 30, 1918, vol. 33, No. 35, pp. 1429-1434.

report that in the tabulation of sickness statistics a series of lists covering both the occupations and the diseases and conditions would be necessary.

During 1919 two meetings of the committee were held—one at the office of the chairman in New York City, and one at the statistical office of the Public Health Service at Washington, D. C. At these meetings the two principal subjects discussed were (1) nomenclature and classification of diseases causing sickness, and (2) nomenclature and classification of occupations.

In view of the fact that no classification of the diseases had been worked out for use in connection with morbidity statistics, the committee devoted considerable attention and time to a discussion of the feasibility of utilizing one of the existing classifications of the causes of death or of attempting a new classification of diseases causing sickness. In its first report the committee had tentatively recommended that "the classification of diseases follow closely the outline of 'Bellevue Hospital Nomenclature of Diseases and Conditions'"; but after careful consideration of the Bellevue nomenclature, the Army nomenclature, Navy nomenclature, and the Public Health Service nomenclature, as well as the proposed revision of the International List, the following recommendation was made:

"It is recommended that the International List of Causes of Death shall be the basis of classification of sickness in this industrial morbidity study. This classification may be subdivided as occasion arises, either through interest in some special form of disease or out of the peculiar geographical location or occupational hazards.

"While all basic records should be kept in accordance with the International List, an abbreviated list of the most important diseases and conditions may often suffice for the convenience of individual establishments in tabulating their experience. The abbreviated list should always show the exact titles of the International List which compose it.¹

"It is further recommended that the full list of titles of the International List be printed on the back of all certificates which are required by establishments as proof of sickness, with instructions that the physician should state his diagnosis in such terms as will permit of assignment to the appropriate title of the International List."

Further consideration was also given to the use of one of the existing lists of occupations as well as to the feasibility of revising any one of the existing lists or to the making of an entirely new list of occupations. In its consideration of this question the committee invited the presence and cooperation of representatives of the United States Bureau of Labor Statistics, the United States Bureau of the Census, and the office of Industrial Hygiene of the United States Public Health Service. Representatives of these agencies were present and contrib-

¹ A sample abbreviated list is appended.

uted materially to the discussion. The result of the committee's deliberations was that no one of the existing lists of occupations was recommended for use in the collection or tabulation of industrial morbidity statistics. It was felt that the list of occupations as used by the United States Bureau of the Census was not entirely suitable for the recording and analysis of sickness statistics according to occupation. The classification of occupations by the Bureau of Labor Statistics, on the other hand, covered only certain industries and therefore was not complete. It was the sense of the committee that as far as possible in the collection of industrial morbidity statistics the "department worked in and the name of occupation," stated in as definite terms as possible, should be secured for each employee for whom a sickness record was to be kept in order that the data might be available for such classifications as would appear to be advisable in the tabulation and analysis of the facts. At the same time the committee was of the opinion that it would be wise to secure sickness records from plants which had standardized the lists of their own occupations, and from plants in those industries whose occupations had been classified by the United States Bureau of Labor Statistics. Accordingly the following recommendation as to classification of occupation was made:

"It is recommended that for each employee the following facts should be given:

"(1) The department worked in, and

"(2) Name of occupation, as used by the plant, stating definitely the kind of work done.

"It is suggested that in securing sickness records preference be given to plants which have standardized the lists of their own occupation, and as far as possible to plants in those industries whose occupations have been classified by the Bureau of Labor Statistics.

"It appeared to be the sense of the meeting that no general classification of occupations which is suitable for the analysis of sickness according to occupation is available; but that except for certain occupations whose character is definitely known, analysis of sickness according to occupation of necessity should be made as special studies after detailed information is obtained regarding the nature of the work, the conditions in places of work, and other possible factors affecting the health of the persons exposed."

The committee feels that as a result of its own deliberations during 1918 and 1919 a plan for the collection of industrial morbidity statistics has been evolved which will meet the conditions existing in plants where industrial physicians report illnesses among employees with fairly accurate diagnoses. The committee recognizes that the plan will not be suited to all establishments without modification; but in view of the experience of its members in industrial establishments and especially relating to industrial sickness statistics it is believed that the plan is a practical one which can be utilized by

many industrial establishments now keeping sickness records or by those about to inaugurate a system of such records. Furthermore, if adopted by industrial establishments generally, uniformity in keeping sickness records will be promoted and add materially to our knowledge of sickness in industry.

It is believed that the plan suggested in the committee's first and second reports should be put into operation as rapidly as possible in industrial plants; and the committee hopes that, in accordance with its prior recommendations, the Public Health Service will find these suggestions of value in the collection of morbidity statistics which that agency had planned. In view of what has already been accomplished in a preparatory way, the committee feels that it, representing the American Public Health Association, would be useful as an advisory agency to the Public Health Service in this work, and recommends that this committee be made a standing one of this Section.

LOUIS I. DUBLIN, *Chairman.*

B. S. WARREN, *Secretary.*

ABBREVIATED LIST OF CAUSES OF DEATH.

| SELECTED CAUSE. | Corresponding Title Numbers. (Detailed International List.) |
|---|--|
| All Causes. | |
| General diseases | 1 to 59 |
| Typhoid fever..... | 1 |
| Malaria..... | 4 |
| Influenza..... | 10 |
| Dysentery..... | 14 |
| Erysipelas..... | 18 |
| Purulent infection, septicemia..... | 20 |
| Other epidemic diseases..... | 2, 3, 5, 6, 7, 8, 9, 11, 12, 13, 15, 16, 17, and 19 |
| Tetanus (a)..... | 24 |
| Tuberculosis of lungs..... | 28, 29 |
| Rheumatism..... | 47, 48 |
| Anemia..... | 54 |
| Other general diseases..... | 21, 22, 23, 25, 26, 27, 30 to 46, 49 to 53, 55 to 59 |
| Diseases of the nervous system and organs of special sense | 60 to 76 |
| Meningitis..... | 61 |
| Simple meningitis..... | (61) |
| Cerebrospinal fever..... | (61) |
| Neuralgia and neuritis..... | 73 |
| Neuralgia..... | (73) |
| Neuritis..... | (73) |
| Others..... | (73) |
| Other diseases of the nervous system | 60, 62 to 72, 74 |
| Nervous exhaustion, headache..... | (74) |
| Nervous prostration..... | (74) |
| Neurasthenia..... | (74) |
| Others..... | 60, 62 to 72 (74) |

Corresponding Title Numbers.
(Detailed International List.)

| | |
|---|----------------------------------|
| Diseases of the eyes and annexa | 75 |
| Conjunctivitis..... | (75) |
| Hordeolum..... | (75) |
| Others..... | (75) |
| Diseases of the ears | 76 |
| Diseases of the circulatory system | 77 to 85 |
| Organic heart disease..... | (79) |
| Epistaxis..... | (85) |
| Others..... | 77, 78, 80 to 84 |
| Diseases of the respiratory system | 86 to 98 |
| Diseases of the nasal fossae..... | (86) |
| Rhinitis..... | (86) |
| Bronchitis..... | 89, 90 |
| Pneumonia..... | 91, 92 |
| Pleurisy..... | 93 |
| Asthma..... | 96 |
| Others..... | (86) |
| Laryngitis..... | 87 |
| Others..... | (87) |
| Anthraxis, other "dust diseases"..... | 98 |
| Others..... | (98) |
| Other respiratory diseases..... | 88, 94, 95, 97 |
| Diseases of the digestive system | 99 to 103, 105 to 118 |
| Diseases of the mouth..... | 99 |
| Alveolar abscess..... | (99) |
| Toothache..... | (99) |
| Gingivitis..... | (99) |
| Pyorrhea..... | (99) |
| Others..... | (99) |
| Diseases of the pharynx..... | 100 |
| Nasopharyngitis..... | (100) |
| Pharyngitis..... | (100) |
| Tonsilitis..... | (100) |
| Others..... | (100) |
| Diseases of the stomach..... | 102, 103 |
| Gastritis..... | (103) |
| Indigestion..... | (103) |
| Nausea..... | (103) |
| Others..... | (103) |
| Diarrhea and enteritis..... | 105 |
| Other diseases of the digestive system..... | 108 |
| Appendicitis..... | 108 |
| Constipation..... | 110 |
| All others..... | 101, 106 to 107, 109, 111 to 118 |
| Diseases of the genito-urinary system and annexa | 119 to 133 |
| Acute nephritis and Bright's disease..... | 119, 120 |
| Others..... | 121 to 127, 133 |
| Diseases of the female genitals (nonvenereal)— | |
| Dysmenorrhea..... | (130) |
| Others..... | 128 to 132 |
| Diseases of the skin and cellular tissue | 142 to 145 |
| Diseases of the bones and organs of locomotion | 146 to 149 |

Corresponding Title Numbers.
(Detailed International List.)

| | |
|---|----------------------------------|
| External causes..... | 164 to 186 |
| Food poisonings..... | 164 |
| Other accidental poisonings..... | 165 |
| By solid or liquid poisons..... | (165) |
| By absorption of deleterious gases..... | (168) |
| Burns (conflagration excepted) (b)..... | 167 |
| Conflagration..... | (166) |
| Traumatism— | |
| By fall (b)..... | 172 |
| In mines and quarries..... | 173 |
| By machines..... | 174 |
| By "other crushing"..... | 175 |
| On steam-operated roads..... | 175 |
| On electric and other street cars..... | 175 |
| By automobiles..... | 175 |
| By other vehicles..... | 175 |
| Other accidental violence | 171, 176, 177, 180, 181, 186 |
| Excessive cold..... | 178 |
| Effects of heat..... | 179 |
| Fractures, sprains, luxations (c)..... | 185 |
| All others..... | 187 |
| Suicide and homicide | 155 to 163, 169, 170, 182 to 184 |
| III-defined diseases and conditions..... | 187 to 189 |

(a) Cases of tetanus are usually of traumatic origin; nevertheless the recognized statistical procedure in mortality statistics is to classify deaths from that cause as deaths from tetanus—not from the form of violence as a result of which tetanus resulted. The exceptions are suicide and homicide.

(b) Falls and burns occurring in mines and quarries are classified as mining or quarry accidents; those occurring as a result of a conflagration, are classified under that title. The same classification is applied to railroad, street car, and automobile injuries as well as to injuries by other vehicles.

(c) Fractures, sprains, and luxations in mortality statistics are recorded as terminal conditions and the deaths which they cause are charged to the mode of violence in which the fractures, etc., were received. There is no established precedent for morbidity statistics. Inasmuch as morbidity statistics, except for hospitals, are statistics of diagnoses rather than of actual diseases and primary causes, it might be well to classify any given case as fracture rather than, let us say, a street-car accident.

VALUE OF VENEREAL DISEASE CASE REPORTS.

It is believed that much of the progress of the Public Health Service and the State boards of health toward controlling the spread of venereal diseases has been due to the statistics made available by the Army medical examinations. From these examinations and for the first time in the Nation's history accurate data were obtained regarding the national prevalence of these diseases and the localities having the greatest incidence of infection.

Possessed of the venereal disease rates, it became possible to interest all officials in the country by making known the actual facts.